

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	1. DATE OF INCIDENT 30-APR-2012	TIME 02:51:00	2. ADDRESS OF OCCURRENCE 2356 W 25TH ST CHICAGO, IL 60608				3. LOCATION CODE 303	4. BEAT/OCCUR 1034		
	5. POSITION 9161	6. LAST NAME OHLSON	7. FIRST NAME ANDREW E	8. STAR NO. 8394	9. SEX <input checked="" type="checkbox"/> 01 M	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 507	13. WT. 125	
	14. DATE OF APPT. 01-SEP-2010	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 010 1033R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME GIVENS	21. FIRST NAME JOHN	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 507	27. WT. 185		
	28. ADDRESS MOUNT SINAI HOSPITAL	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL	34. BY WHOM? DR. [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. APPARENTLY NORMAL 04 Not Hospitalized	37. REFUSED MEDICAL AID 05 Refused Medical Aid					
	38. CHARGES PLACED			39. CB NO. 00000000	40. IR NO	<input type="checkbox"/> DNA				
	41. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	42. ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	43. ASSAULTANT:ASSAULT EMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	44. ASSAULTANT:BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	45. ASSAULTANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____					
	46. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> W/AUTHORIZATION <input type="checkbox"/> OTHER _____	47. OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	48. CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	49. ELBOW STRIKE IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	50. KNEE STRIKE KICKS <input type="checkbox"/> OTHER _____	51. FIREARM OTHER _____				
	52. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	53. ADDITIONAL INFORMATION								
POSITION	STAR NO.	UNIT								
54. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	55. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	56. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dark <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	57. WEATHER CONDITIONS CLEAR							
58. TASER DART ID NO.	59. WEAPON SERIAL NO. (Include Letters)	60. CHICAGO GUN REG. NO.	61. IL FIREARM OWNER ID. NO.	62. HANDGUN CERTIFICATE NO.						
63. SPECIAL WEAPON CERTIFICATE NO.	64. PROPERTY INVENTORY NO.	65. TYPE OF AMMUNITION USED	66. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	67. TOTAL NO. OF SHOTS MEMBER FIRED						
68. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	69. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	70. NO. OF CATORIOGES/SHOT SHELLS RELOADED <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	71. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	72. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
73. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	74. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 25 FT. <input type="checkbox"/> 02 26 - 50 FT. <input type="checkbox"/> 03 51 - 150 FT. <input type="checkbox"/> 04 OVER 15 FT.									
75. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	76. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
77. CASE INFO.	78. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								79. EVENT NO. 1212101315	
SIGNATURES	80. REPORTING MEMBER (Print Name) OHLSON, ANDREW E 30-APR-2012 14:26:44 Star Employee No. 8394 Signature [REDACTED]								81. R.D. NO. HV264189	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
82. REVIEWING SUPERVISOR (Print Name) MAJERCZYK, GERARD E	Star No. 2201	Signature [REDACTED]		Date Reviewed 30-APR-2012 14:36:10	Time					

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

Subject receiving medical treatment at Mt. Sinai hospital.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Ohlson did not discharge his weapon.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO 1053667 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, EDDIE T

SIGNATURE

DATE COMPLETED

TIME

30-APR-2012 15:25:50

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- SUPPLEMENTARY REPORT
- I.C.D. REPORT
- CASE REPORT OFFICER BATTERY REPORT
- CR INITIATION REPORT
- ARREST REPORT TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

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